

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/937375

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		0				
5		0				
6		1				
7		1				
8	1					
9		1				
10		2				
11		0				
12		0				
13		0				
14	1					
15		1				
16		2				
17		0				
18		0				
19		1				
20		1				
21	1					
22		1				
23		2				
24		0				
25		1				
26		1				
27	1					
28		1				
29		2				
30		0				
31		0				
32		1				
33		1				
34	1					
35		1				
36		2				
37		0				
38		1				
39		1				
40		0				
41		0				
42		0				
43		0				
44		0				
45		0				
46				0		
47				0		
48				0		
49				0		
50				0		
TOTAL IND.	6		4			
TOTAL DEP.	45		34			
TOTAL CLAIMS	51		38			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS